

ACCIDENT/INCIDENT REPORT

Name of Child _____ Age of Child _____

Date of accident _____ Time of accident _____

Observed by _____

What happened ? (cause of injury, body part injured, type of injury, location in facility of injury, toy or equipment involved in injury, reaction of child)

What action was taken?

Additional comments:

Was anybody called and notified of the accident/incident?
If yes, who and at what time?

(signature of provider/staff involved)

(signature of parent/guardian/pick-up person)

(signature of director or director designee)